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Resolution adopted by the General Assembly

[*without reference to a Main Committee (A/60/L.44 and Add.1)*]

60/221. 2001–2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa

The General Assembly,

Recalling that the period 2001–2010 has been proclaimed the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa by the General Assembly,[1] and that combating HIV/AIDS, malaria, tuberculosis and other diseases is included in the internationally agreed development goals, including those contained in the United Nations Millennium Declaration,[2]

Recalling also its resolutions 49/135 of 19 December 1994, 50/128 of 20 December 1995, 55/284 of 7 September 2001, 57/294 of 20 December 2002, 58/237 of 23 December 2003 and 59/256 of 23 December 2004 concerning the struggle against malaria in developing countries, particularly in Africa,

Bearing in mind the relevant resolutions of the Economic and Social Council relating to the struggle against malaria and diarrhoeal diseases, in particular resolution 1998/36 of 30 July 1998,

Taking note of the declarations and decisions on health issues adopted by the Organization of African Unity, in particular the declaration and plan of action on the "Roll Back Malaria" initiative adopted at the Extraordinary Summit of Heads of State and Government of the Organization of African Unity, held in Abuja on 24 and 25 April 2000,[3] as well as decision AHG/Dec.155 (XXXVI) concerning the implementation of that declaration and plan of action, adopted by the Assembly of Heads of State and Government of the Organization of African Unity at its thirty-sixth ordinary session, held in Lomé from 10 to 12 July 2000,[4]

Also taking note of the Maputo Declaration on Malaria, HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, adopted by the Assembly of the

[1] See resolution 55/284.

[2] See resolution 55/2.

[3] See A/55/240/Add.1.

[4] See A/55/286, annex II.

African Union at its second ordinary session, held in Maputo from 10 to 12 July 2003,[5]

Recognizing the linkages in efforts being made to reach the targets set at the Abuja Summit as necessary and important for the attainment of the "Roll Back Malaria" goal and the targets of the Millennium Declaration by 2010 and 2015, respectively,

Also recognizing that malaria-related ill health and deaths throughout the world can be substantially eliminated with political commitment and commensurate resources if the public is educated and sensitized about malaria and appropriate health services are made available, particularly in countries where the disease is endemic,

Emphasizing the importance of implementing the Millennium Declaration, and welcoming in this connection the commitment of Member States to respond to the specific needs of Africa,

Commending the efforts of the World Health Organization, the United Nations Children's Fund and other partners to fight malaria over the years, including the launching of the Roll Back Malaria Partnership in 1998,

Recalling resolution 58.2 adopted by the World Health Assembly on 23 May 2005[6] urging a broad range of national and international actions to scale up malaria control programmes,

Taking note of the Roll Back Malaria Global Strategic Plan 2005–2015 developed by the Roll Back Malaria Partnership,

1. *Takes note* of the note by the Secretary-General transmitting the report of the World Health Organization,[7] and calls for support for the recommendations contained therein;

2. *Welcomes* the increased funding for malaria interventions and for research and development of preventative and control tools from the international community, including from the Group of Eight, the United States of America, the World Bank and the Bill and Melinda Gates Foundation, as well as the European Commission and other sources of bilateral funding;

3. *Calls upon* the international community to continue to support the "Roll Back Malaria" partner organizations, including the World Health Organization and the United Nations Children's Fund, as vital complementary sources of support for the efforts of malaria-endemic countries to combat the disease;

4. *Appeals* to the international community to work towards increased and sustained bilateral and multilateral assistance to combat malaria, including support for the Global Fund to Fight AIDS, Tuberculosis and Malaria, in order to assist States, in particular malaria-endemic countries, to implement sound national plans to control malaria in a sustained and equitable way that, inter alia, contributes to health system development;

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[5] A/58/626, annex I, Assembly/AU/Decl.6 (II).

[6] See World Health Organization, *Fifty-eighth World Health Assembly, Geneva, 16–25 May 2005, Resolutions and Decisions, Annex* (WHA58/2005/REC/1).

[7] A/60/208.

5. *Urges* malaria-endemic countries to work towards financial sustainability, to increase, to the extent possible, domestic resource allocation to malaria control and to create favourable conditions for working with the private sector in order to improve access to good-quality malaria services;

6. *Calls upon* Member States, in particular malaria-endemic countries, to establish and/or strengthen national policies and operational plans, aspiring to ensure that at least 80 per cent of those at risk of or suffering from malaria may benefit from major preventive and curative interventions by 2010, in accordance with the technical recommendations of the World Health Organization, so as to ensure a reduction in the burden of malaria by at least 50 per cent by 2010 and 75 per cent by 2015;

7. *Urges* Member States to assess and respond to the needs for integrated human resources at all levels of the health system, in order to achieve the targets of the Abuja Declaration on Roll Back Malaria in Africa[8] and the internationally agreed development goals of the United Nations Millennium Declaration,[2] and to take actions, as appropriate, to effectively govern the recruitment, training and retention of health personnel;

8. *Calls upon* the international community, inter alia, by helping to meet the financial needs of the Global Fund to Fight AIDS, Tuberculosis and Malaria and through country-led initiatives with adequate international support, to create conditions for full access to insecticide-treated mosquito nets, insecticides for indoor residual spraying for malaria control and effective antimalarial combination treatments, including through the free distribution of such nets where appropriate;

9. *Requests* relevant international organizations, in particular the World Health Organization and the United Nations Children's Fund, to assist efforts of national Governments to establish universal protection of young children and pregnant women in malaria-endemic countries, particularly in Africa, with insecticide-treated nets as rapidly as possible, with due regard to ensuring sustainability through full community participation and implementation through the health system;

10. *Encourages* all African countries that have not yet done so to implement the recommendations of the Abuja Summit[3] to reduce or waive taxes and tariffs for nets and other products needed for malaria control, both to reduce the price of nets to consumers and to stimulate free trade in insecticide-treated nets;

11. *Expresses its concern* about the increase in resistant strains of malaria in several regions of the world;

12. *Encourages* all Member States experiencing resistance to conventional monotherapies to replace them with combination therapies, as recommended by the World Health Organization, in a timely manner;

13. *Recognizes* the importance of the development of effective vaccines and new medicines to prevent and treat malaria and the need for further and accelerated research, including by providing support to the United Nations Children's Fund/United Nations Development Programme/World Bank/World Health Organization Special Programme for Research and Training in Tropical Diseases and through effective global partnerships such as the various malaria vaccine

[8] A/55/240/Add.1, annex.

initiatives and the Medicines for Malaria Venture, where necessary stimulated by new incentives to secure their development;

14. *Calls upon* the international community to support investment in the development of new medicines to prevent and treat malaria, especially for children and pregnant women, sensitive and specific diagnostic tests, effective vaccines, and new insecticides and delivery modes in order to enhance effectiveness and delay the onset of resistance, including through existing partnerships;

15. *Also calls upon* the international community to support ways to expand access to artemisinin-based combination therapy for populations at risk of exposure to resistant strains of falciparum malaria in Africa, including the commitment of new funds, innovative mechanisms for the financing and national procurement of artemisinin-based combination therapy and the scaling up of artemisinin production to meet the increased need;

16. *Applauds* the increased level of public-private partnerships for malaria control and prevention, including the financial and in kind contributions of companies operating in Africa, as well as increased engagement of non-governmental service providers;

17. *Calls upon* malaria-endemic countries to encourage regional and intersectoral collaboration, both public and private, at all levels, especially in education, agriculture, economic development and the environment, to advance malaria control objectives;

18. *Calls upon* the international community to support increased interventions, in line with the recommendations of the Roll Back Malaria Partnership, in order to ensure their rapid, efficient and effective implementation, to strengthen health systems, to monitor for counterfeit anti-malarial medicines and prevent the distribution and use of them, and to support coordinated efforts, inter alia, by providing technical assistance to improve surveillance, monitoring and evaluation systems and their alignment with national plans and systems so as to better track and report changes in coverage and the need for scaling up recommended interventions and subsequent reductions in the burden of malaria;

19. *Urges* Member States, the international community and all relevant actors, including the private sector, to promote the coordinated implementation and enhance the quality of malaria-related activities, including via the Roll Back Malaria Partnership, in accordance with national policies and operational plans that are consistent with the technical recommendations of the World Health Organization and recent efforts and initiatives, including the Paris Declaration on Aid Effectiveness;

20. *Requests* the Secretary-General to report to the General Assembly at its sixty-first session on the implementation of the present resolution under the agenda item entitled "2001–2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa".

69th plenary meeting
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